

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

CLAIMANT'S NAME Clark Blanchard		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Director of Advance		CB/ID NUMBER		INDEX NUMBER	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
			Sacramento	CA	95814

MONTH/YEAR 2/10		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION					BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
23-Feb	7:30 AM	Sac/LA	125.46			18.00		347.40	Air	40.00	12	5.34		536.20
24-Feb	5:30 PM	LA/Sac			6.12		6.00		RC	209.30	12	5.34		220.64
												0.00		0.00
												0.00		0.00
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												0.00		0.00
SUBTOTALS			125.46	0.00	0.00	18.00	6.00	347.40	0.00	249.30	24	10.68	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													744.96	\$756.84

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

23/24-Feb: Advance for Governor's Summit on Healthy Living and Obesity in Los Angeles, CA.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

SPGJ014

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240919

DATE

3.2.10

DATE

3/3/10

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt.

CLAIM

DATE

2.25.10

SIGNATURE OF OFFICER

SIGNATURE OF TIT

THORITY FOR SPECIAL EXPENSES